



MISSOURI SECRETARY OF STATE
**NON-RESIDENT APPLICATION FOR
COMMISSION AS A NOTARY PUBLIC**

MATT BLUNT, SECRETARY OF STATE
COMMISSIONS
PO BOX 784
JEFFERSON CITY, MISSOURI 65102
(573) 751-2783

PLEASE PRINT OR TYPE THIS APPLICATION (instructions are printed on the back of this form and in the Notary Handbook)

SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH (MONTH/DAY/YEAR)	TODAY'S DATE	DAYTIME PHONE
NAME (AS YOU WANT IT TO APPEAR ON YOUR COMMISSION)			
RESIDENCE (IF PO BOX, ALSO INDICATE STREET ADDRESS)		CITY, STATE, ZIP	
EMPLOYER (COMPANY NAME)		MISSOURI COUNTY OF EMPLOYER *SEE INSTRUCTIONS	
EMPLOYER STREET ADDRESS		CITY, STATE, ZIP	
HAVE YOU EVER BEEN ISSUED A COMMISSION AS A MISSOURI NOTARY PUBLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, COMPLETE "A" AND "B")		A. IF YES, LIST COMMISSION EXPIRATION DATE	B. NAME UNDER WHICH PREVIOUS COMMISSION WAS ISSUED
ARE YOU PRESENTLY A NOTARY IN ANOTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE LIST THE STATE(S):	

APPLICANT: PLEASE RESPOND TO THE FOLLOWING STATEMENTS

	YES	NO
1. I am a permanent resident alien (Immigration and Nationality Act. Sec. 245. Attach a copy of your green card)	<input type="checkbox"/>	<input type="checkbox"/>
2. I am at least eighteen years of age	<input type="checkbox"/>	<input type="checkbox"/>
3. I work in Missouri	<input type="checkbox"/>	<input type="checkbox"/>
4. I will use the notary seal in the course of my employment in Missouri	<input type="checkbox"/>	<input type="checkbox"/>
5. I have a work address in the county within and for which I have applied for a commission	<input type="checkbox"/>	<input type="checkbox"/>
6. I can read and write the English language	<input type="checkbox"/>	<input type="checkbox"/>
7. I have been refused a commission as a notary public or had a commission revoked in any state during the past 10 years	<input type="checkbox"/>	<input type="checkbox"/>
(If YES, attach a separate letter indicating reason and date.)		
8. I have been convicted of or pleaded guilty or nolo contendere to any felony involving fraud, misrepresentation or theft	<input type="checkbox"/>	<input type="checkbox"/>
(If YES, attach a list of such convictions or pleas of guilty or nolo contendere.)		
9. I authorize the secretary of state as my agent and representative to accept service of any process or service of any notice or	<input type="checkbox"/>	<input type="checkbox"/>
demand required by law to be served upon me		
10. I have read the <i>Missouri Notary Public Handbook</i> and am familiar with the provisions of the law and the duties of a Notary Public	<input type="checkbox"/>	<input type="checkbox"/>

ENDORSERS' STATEMENTS

I, _____ **A REGISTERED VOTER OF THIS STATE**
and _____ county, believe to the best of my knowledge, the
applicant is a person of good moral character and integrity and capable of
performing notarial acts.

ENDORSER'S SIGNATURE

ENDORSER'S RESIDENCE ADDRESS

CITY, COUNTY, STATE AND ZIP

TOWNSHIP OR WARD PRECINCT NAME NUMBER

I, _____ **A REGISTERED VOTER OF THIS STATE**
and _____ county, believe to the best of my knowledge, the
applicant is a person of good moral character and integrity and capable of
performing notarial acts.

ENDORSER'S SIGNATURE

ENDORSER'S RESIDENCE ADDRESS

CITY, COUNTY, STATE AND ZIP

TOWNSHIP OR WARD PRECINCT NAME NUMBER

TO THE SECRETARY OF STATE

I, the person named above, do swear, under penalty of perjury, that the answers to all questions on this application are true and complete to the best of my knowledge and that I am qualified to be appointed and commissioned as a notary public.

SIGNATURE OF APPLICANT (MUST APPEAR EXACTLY AS STATED ABOVE)

PAYMENT

☐ \$25 Check or Money Order Enclosed (Payable to Director of Revenue)

Credit Card ☐ Master Card ☐ VISA

NAME AS IT APPEARS ON CARD

EXPIRATION DATE

CARD NUMBER (16 Digits)

SIGNATURE

Social Security Number - Please print or type your federal social security number. This number is used to catalog notaries public in the secretary of state's computer files.

Date of Birth - Please provide your birth date in numerals: month/day/year. This is to confirm that applicants are at least eighteen years of age.

Today's Date - Type the date on which you are completing the application.

Name - You should print or type your legal name as you want it to appear on your commission certificate. You are required by law to use your full last name, while initials may be used for first and middle names.

Residence Address - Please provide the address at which you reside. If your mail goes to a post office box, please include a street address after the PO Box number. Also give the city, state and zip code.

Employer - Your employer's name is requested should we need to contact you during working hours. If unemployed, please enter "N/A" or enter "Self-employed" if you own your own business.

Address - Please provide the address of your Missouri employer, including city, state and zip code.

Missouri County of Employer's Address - Please indicate the county in which your Missouri employer is located. you are commissioned for the county in which you are employed, and you may use the notary seal ONLY at your place of employment. *If your place of employment is St. Louis City, please put St. Louis City in the county blank.

Daytime Phone - You are requested to provide a phone number where we can reach you BETWEEN THE HOURS OF 8:00 a.m. and 4:30 p.m., should we need to verify information given on the application in order to prevent the delay of returning the form to you for verification.

Yes or No - Please indicate whether or not you have previously been a notary in Missouri.

If YES - Provide the commission expiration date.

Give the name under which the previous commission was issued.

Yes or No - Please indicate whether or not you currently hold another notary seal in and for another state

If so, please indicate in which state you are a notary.

Yes or No - Please READ CAREFULLY AND ANSWER CORRECTLY the ten questions listed on this portion of the application.

You are required by law to have two endorsers on your application who are REGISTERED VOTERS IN THE STATE OF MISSOURI Your endorsers must provide the requested information for your application to be considered.

Complete the form by adding your signature in the same name style you indicated on the second line of the form. We can only accept original signatures - photocopied signatures will be rejected.